



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR  
RICHARD M. ARMSTRONG, DIRECTOR

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July 7, 2008

Rene Stephens  
Hillcrest Home  
1411 Falls Avenue East Suite 703  
Twin Falls, Idaho 83301

RE: Hillcrest Home, Provider #13G048

Dear Ms. Stephens:

This is to advise you of the findings of the Medicaid/Licensure survey of Hillcrest Home, which was conducted on June 26, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

Rene Stephens

July 7, 2008

Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 18, 2008**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by July 20, 2008. If a request for informal dispute resolution is received after July 20, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MONICA WILLIAMS  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

MW/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  06/26/2008
NAME OF PROVIDER OR SUPPLIER  HILLCREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2115 HILLCREST DRIVE TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<p><b>INITIAL COMMENTS</b></p> <p>The following deficiencies were cited during the recertification survey.</p> <p>The surveyors conducting the survey were: Monica Williams, QMRP, Team Leader Sherri Case, LSW, QMRP</p> <p>Common abbreviations used in this report are:</p> <p>G-tube - Gastric Feeding Tube HRC - Human Rights Committee IM - Intramuscular IPP - Individual Program Plan LPN - Licensed Practical Nurse LW - Lead Worker PRN - As Needed QAM - Quality Assurance Manager QMRP - Qualified Mental Retardation Professional WIC - Written Informed Consent</p>	W 000			
W 111	<p><b>483.410(c)(1) CLIENT RECORDS</b></p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to maintain a record keeping system that contained accurate information for 2 of 3 individuals (Individuals #1 and #2) whose records were reviewed. This resulted in the potential for an individual to receive an incorrect diet and another individual to receive behavior modifying drugs that had been discontinued. The findings include:</p>	W 111			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rene Stephens TITLE: Administrator (X6) DATE: 8/19/08

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 111	<p>Continued From page 1</p> <p>1. Individual #2's IPP, dated 5/1/08, stated he was a 64 year old male with diagnoses that included mild mental retardation and cerebral palsy. His records documented that he received a G-tube in 10/08 through which he received his fluids and nutrition.</p> <p>a. During a morning observation on 6/24/08 from 6:40 - 8:10 a.m., a menu for Individual #2 was noted to be posted on the refrigerator. The menu stated Individual #2 was to receive 6 small meals a day. The breakfast menu for 6/24/08 stated he was to receive ¾ cup fortified oatmeal, 4 ounces of orange juice and 8 ounces of whole milk. A direct care staff was interviewed during the observation and stated Individual #2 received his fluids and nutrition via his G-tube. The staff stated there was an objective for Individual #2 to eat three bites of food during mealtime, however he typically refused to eat or drink by mouth. When asked, the LW stated on 6/26/08 at 10: 23 a.m., the menu was not correct and needed to be updated.</p> <p>b. Individual #2's Physician Orders, dated 4/20/08, stated he was to receive a 1250 calorie mechanical soft diet and his fluids were to be thickened. However, his "Medical Nutrition Therapy Dietician Follow-up," dated 3/28/08, stated he was refusing food by mouth "but his tube feeding is meeting his needs." When asked about the discrepancy, the LPN stated during an interview on 6/26/08 from 10:00 - 11:15 a.m., Individual #2's Physician Orders was incorrect.</p> <p>The facility failed to ensure Individual #2's menu and Physician Orders were accurate.</p>	W 111	<p>W111:</p> <p>Individual #2's Physician's Orders will be corrected to reflect accurate nutritional needs. Individual #1's Physician's Orders have been updated to reflect that the Haldol and Cogentin have been discontinued to reflect accurate need. Detailed file reviews will be done, on all client files, to reflect accurate documentation on all Physicians' Orders. At least quarterly, if not more frequently, Qualified Mental Retardation Professional's and Quality Assurance Manager will assess each client's record, with nursing oversight, to determine if there is an accurate documentation included in each file. Qualified Mental Retardation Professional, Quality Assurance Manager, and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager &amp; LPN</p> <p>Date of correction: 9/5/08</p>		



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W 111	Continued From page 2  2. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.  Individual #1's medical record was reviewed and contained a Physician Order, dated 9/10/07, which stated Haldol (an antipsychotic drug) 5 mg IM (intramuscular) PRN for psychotic agitation and Cogentin (a central nervous system drug) 1 mg twice a day for seven days (when he received Haldol) were discontinued.  However, Individual #1's Physician Orders, dated 1/3/08 and 4/8/08, showed the drugs were not discontinued. When asked, the LPN stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., the drugs were discontinued and the 1/3/08 and 4/8/08 Physician Orders were in error.  Further, the survey team was given copies of Individual #1's updated WICs which were dated 6/9/08. The packet of copies included a WIC for Haldol 5 mg IM PRN. When asked, the QAM, who was present during the above noted interview, stated the WIC related to Haldol was in error.	W 111			
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental	W 124			

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W 124	<p>Continued From page 3</p> <p>and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to parents/guardians on which to base consent decisions for 1 of 1 individuals (Individual #1) whose written informed consents were reviewed. This resulted in a lack of information being provided to an individual's guardian regarding restrictive interventions. The findings include:</p> <p>1. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.</p> <p>Individual #1's record was reviewed and contained a program related to stealing items from other people. The data collection tracking form stated "This is a tracking of what [Individual #1] took, from who, what the amount owed is, the date he took the item, the date he worked it off, what work was done to repay it, and if it was repaid to that person."</p> <p>Individual #1's raw data for stealing items, dated 1/08 - 6/08, showed the following items he took from other people, the monetary amount he owed that person, and the work he performed to repay the person. Examples included, but were not limited to, the following:</p> <p>- 1/3/08: He took a soda, he owed 50 cents, and</p>	W 124	<p><b>W124:</b> Individual #1's guardian given verbal informed consent of the current restrictive measures. A Written Informed Consent will be completed to ensure that all specific information is specified and sufficient information is provided for consent. A review of files will be performed to ascertain if other clients currently have programming in place that requires guardian, the Human Rights Committee, and team approvals prior to implementation.</p> <p>At least quarterly, if not more frequently, Qualified Mental Retardation Professional and Quality Assurance Manager will assess each client's record, to determine if there is documentation included in each file that is approved by the Human Rights Committee, Guardian, and Treatment Team oversight.</p> <p>Qualified Mental Retardation Professional, Quality Assurance Manager, and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, and LPN</p> <p>Date of correction: 9/5/08</p>		

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W 124	Continued From page 4 he shredded paper. - 1/11/08: He took a can of lemonade, the price was not documented, and he washed windows. - 2/5/08: He took a bag of chips, he owed 69 cents, and he shredded paper. - 3/11/08: He took pudding, he owed 25 cents, and the work he performed was not documented. - 3/27/08: He persuaded another individual to give him money, he owed 50 cents, and he shredded paper. - 6/6/08: He took a soda, he owed \$1.25, and the work he performed was not documented. - 6/22/08: He took a soda, he owed \$1.47, and he swept the back porch and emptied a bucket.  However, Individual #1's record did not contain evidence of a WIC related to stealing from others. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1's guardian was aware of the stealing program but there was no WIC for restitution.  The facility failed to ensure written informed consent was obtained prior to the implementation of Individual #1's stealing program.	W 124			
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.  This STANDARD is not met as evidenced by: Based on observation and staff interviews, it was determined the facility failed to ensure individuals'	W 125			



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W 125	<p>Continued From page 5</p> <p>rights were allowed and encouraged for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in restricting individuals access to food items due to one individual's binging on food. The findings include:</p> <p>1 During an environmental review on 6/25/08 from 8:35 - 9:25 a.m., it was noted that the refrigerator in the kitchen was unlocked and contained a bag of carrots, a bag of lettuce, a jar of applesauce, a carton of eggs, a bottle of prune juice, 2 cans of biscuits, 2 cans of breadsticks, and half a gallon of fat free milk. The freezer compartment was also unlocked and contained 5 homemade popsicles.</p> <p>However, the freezer in the pantry was locked. The LW, who was present during the review, unlocked the freezer. The freezer contained lunch meats, cheeses, waffles, hamburgers, corn dogs, bread, French fries, and fruit. When asked, the LW stated the freezer was locked due to Individual #1's binging on food behavior.</p> <p>Further, the refrigerator and freezer in the garage were locked. The refrigerator contained butter, jelly, bagels, mayonnaise, peanut butter, eggs, yogurt, whip cream, and milk. The freezer compartment contained pot pies, Sherbet ice cream, and Teriyaki chicken. When asked, the LW stated the refrigerator and freezer were locked due to Individual #1's binging on food behavior.</p> <p>When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., there should have been smaller servings of the same food items in the unlocked refrigerator and freezer and excess food items were to be locked.</p>	W 125	<p>W125: Due to the cook/housekeeper's vacation complicated by the facility manager's absence due to a family emergency, the usual food stocking routine was unfortunately not completed. Therefore, additional staff instruction has been given to ensure that Individuals #1-6 have access to food times and restrictions to Individual #1 have access to the same items. Overall staff instruction affects the entire facility. All staff that work directly with clients will have received the correct instructions to support the residents. Direction to all staff will be in written form as well as in verbal instruction, with followed whole facility direction as needed. Qualified Mental Retardation Professional and Quality Assurance Manager visits will be done randomly through the week and any infraction in established protocols will be immediately addressed. Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, Facility Manager Date of correction: 9/5/08</p>		

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W 125	Continued From page 6	W 125			
W 225	<p>The facility failed to ensure access to food items was not restricted for Individual #1 - Individual #6.</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure a relevant and comprehensive vocational assessment was obtained for 1 of 1 individual (Individual #1) who was of age to be involved in vocational training. Without a comprehensive assessment, the facility would be unable to assist the individual with his vocational training needs, through development of objectives designed to optimize his abilities. The findings include:</p> <p>1. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.</p> <p>Individual #1's Vocational Assessment, dated 5/14/04, stated "[Individual #1] has not been interested in completing a training program to obtain employment."</p> <p>However, his record also contained a "Staffing Note" which stated he had a community based job at a local electronic store which he lost on 4/24/06. The Staffing Note stated the facility "...determined that we would take the role of employer."</p>	W 225	<p>W225:</p> <p>Individual #1's vocational component of his assessment will be re-assessed and the findings reported in his file in Addendum format. Detailed review of each client's file will be done to determine if the Vocational Component of the Assessment has been adequately addressed to determine the client need.</p> <p>At least annually, if not sooner, each client will have a complete file review to determine if the Vocational Component of the Assessment has been sufficient to determine client need.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, and Vocational Services (when appropriate) will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities.</p> <p>Date of correction: 9/5/08</p>		



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W 225	Continued From page 7 Individual #1's record did not contain an updated vocational assessment. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., an updated assessment had not been completed.	W 225			
W 227	The facility failed to ensure Individual #1's vocational assessment was updated to reflect his current vocational needs.  483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure the IPP included objectives to meet the needs for 2 of 4 individuals (Individuals #1 and #4) whose IPPs were reviewed. This resulted in a lack of program plans designed to address the needs of individuals in areas most likely to impact their lives. The findings include:  1. An observation was conducted in the facility on 6/23/08 from 3:30 - 4:15 p.m. During that time, Individual #4 was noted to be sitting on the couch in the living room. He lifted his right pant leg and started scratching his lower leg. His lower right leg was noted to have 4 small open wounds and several reddened areas. When asked, he lifted his left pant leg and his lower leg was noted to have 1 small open wound and several reddened areas. When asked, the LW, who was present during the observation, stated Individual #4	W 227	W227: Individual #4's behaviors will be assessed by Functional Behavior Assessment to determine behavioral need with follow up programming (IPP goal, Objective(s), staff training and instruction) to address the specified behavioral need. Individual #1's IPP and corresponding programs will be updated to include programming consistent with the implementation of Written Informed Consent, the Human Rights Committee approval, and Objectives, staff training, and instruction to include behavioral needs appropriately applied to: Prozac, Depakote, Lithium, Risperdal, and Seroquel aligned to specify mental health need. A detailed review of client files within the facility to determine if there are missing documents or approval components in client files prior to the implementation of behavioral or medical processes. At least quarterly, if not more frequently, Qualified Mental Retardation Professional and Quality Assurance Manager will assess each client's record, to determine if there is documentation included in each file that is approved by the Human Rights Committee, Guardian, and Treatment Team oversight. Qualified Mental Retardation Professional, Quality Assurance Manager and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities. Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, Licensed Professional Nurse Date of correction: 9/5/08		

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W 227	<p>Continued From page 8</p> <p>picked his sores and the reddened areas were previous sores that had healed. The LW stated they (the staff) tried to keep Individual #4's hands busy by giving him puzzles to work on.</p> <p>Additionally, an observation was conducted at the facility on 6/24/08 from 6:45 - 8:15 a.m. During that time, Individual #4 was observed taking his medications. It was noted that one of his topical treatments was an antibiotic ointment which he applied to the open sores on his lower legs.</p> <p>Individual #4's IPP did not contain an objective related to skin picking. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #4 did not have an objective related to picking behavior.</p> <p>2. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.</p> <p>a. Individual #1's record showed he received Prozac (an antidepressant drug) 30 mg a day, which was started on 1/8/08. His "Medication Follow-Up Evaluation," dated 3/3/08, stated Prozac was prescribed for bingeing on food and purging behavior. Additionally, his "Dietician Follow-up" note, dated 3/28/08, stated he had "...increased incidents of bingeing on food and purging." His WIC for Prozac, dated 6/9/08, stated Prozac was for his "compulsive overeating and intentional throwing up afterward."</p> <p>Further, his QMRP Review Notes, dated 11/07 - 5/08, documented the following monthly rates of the bingeing on food and purging behavior:</p>	W 227		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLCREST HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2115 HILLCREST DRIVE TWIN FALLS, ID 83301</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 227	<p>Continued From page 9</p> <p>11/07: 16 episodes 12/07: 10 episodes 1/08: 5 episodes 2/08: 7 episodes 3/08: 12 episodes 4/08: 4 episodes 5/08: 3 episodes</p> <p>Individual #1's IPP did not contain an objective related to bingeing on food and purging. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 did not have an objective related to the behavior.</p> <p>b. Individual #1's WIC for Depakote (an anticonvulsant drug) and Lithium (a central nervous system drug), dated 5/17/07, stated the drugs were for psychotic like behavior which presented as hearing voices, responding to inner stimuli, pressured speech, rocking, obsessive thought patterns, and unusual talk and behavior.</p> <p>Individual #1's IPP did not contain an objective related to the above noted psychotic like behaviors. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 did not have objectives related to the behaviors.</p> <p>c. Individual #1's WIC for Risperdal (an antipsychotic drug), dated 7/2/07, and his WIC for Lorazepam (an anti-anxiety drug), dated 5/17/07, stated the drugs were for psychotic like behavior which presented as talking to self, pacing, rocking, and paranoid delusions involving other people hurting him or him hurting or threatening others.</p> <p>Individual #1's IPP did not contain an objective</p>	W 227			



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 227	Continued From page 10  related to the above noted psychotic like behaviors. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 did not have objectives related to the behaviors.  d.. Individual #1's WIC for Seroquel (an antipsychotic drug), dated 5/15/07, stated the drug was for his agitation which presented as hitting, yelling, aggression towards others, and his refusals to participate in activities of daily living.  Individual #1's IPP contained an objective related to yelling. When asked about objectives related to hitting, aggression towards others, and his refusals to participate in activities of daily living, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 did not have objectives related to the behaviors.  The facility failed to ensure objectives were developed for Individual #1 and Individual #4.	W 227			
W 234	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN  Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure clear direction to staff was provided in each written training program for 2 of 4 individuals (Individuals #1 and #4) whose IPPs were reviewed. This resulted in a lack of instructions to staff being included in individuals' programs. The findings include:  1. An observation was conducted in the facility on	W 234			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
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W 234	<p>Continued From page 11</p> <p>6/23/08 from 3:30 - 4:15 p.m. During that time, Individual #4 was noted to be sitting on the couch in the living room. He lifted his right pant leg and started scratching his lower leg. His lower right leg was noted to have 4 small open wounds and several reddened areas. When asked, he lifted his left pant leg and his lower leg was noted to have 1 small open wound and several reddened areas. When asked, the LW, who was present during the observation, stated Individual #4 picked his sores and the reddened areas were previous sores that had healed. The LW stated they (the staff) tried to keep Individual #4's hands busy by giving him puzzles to work on. When asked, the LW stated there was no program to address the picking behavior.</p> <p>Additionally, an observation was conducted at the facility on 6/24/08 from 6:45 - 8:15 a.m. During that time, Individual #4 was observed taking his medications. It was noted that one of his topical treatments was an antibiotic ointment which he applied to the open sores on his lower legs.</p> <p>When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #4 did not have a program to address his picking behavior.</p> <p>2. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.</p> <p>a. Individual #1's record showed he received Prozac (an antidepressant drug) 30 mg a day, which was started on 1/8/08. His "Medication Follow-Up Evaluation," dated 3/3/08, stated</p>	W 234	<p><b>W234:</b></p> <p>Individual #4's behaviors will be assessed by Functional Behavior Assessment to determine behavioral need with follow up programming (IPP goal, Objective(s), staff training and instruction) to address the specified behavioral need. Individual #1's IPP and corresponding programs will be updated to include programming consistent with the implementation of Written Informed Consent, the Human Rights Committee approval, and <b>Objectives</b>, staff training, and instruction to include behavioral needs appropriately applied to: Prozac, Depakote, Lithium, Risperdal, and Seroquel aligned to specified mental health need. Individual #1's maladaptive behavior will be assessed and corresponding programming to address identified need regarding the self-injurious behavior.</p> <p>A detailed review of client files within the facility to determine if there are missing documents or Objective components in client files prior to the implementation of behavioral or medical processes.</p> <p>At least quarterly, if not more frequently, Qualified Mental Retardation Professional and Quality Assurance Manager will assess each client's record, to determine if there is documentation included in each file that includes the correct, appropriate, and corresponding objective associated with mental or medical need.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities.</p> <p>Date of correction: 9/5/08</p>		



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 234	<p>Continued From page 12</p> <p>Prozac was prescribed for bingeing on food and purging behavior. Additionally, his "Dietician Follow-up" note, dated 3/28/08, stated he had " .. increased incidents of bingeing on food and purging." His WIC for Prozac, dated 6/9/08, stated Prozac was for his "compulsive overeating and intentional throwing up afterward."</p> <p>Further, his QMRP Review Notes, dated 11/07 - 5/08, documented the following monthly rates of the bingeing on food and purging behavior: 11/07: 16 episodes 12/07: 10 episodes 1/08: 5 episodes 2/08: 7 episodes 3/08: 12 episodes 4/08: 4 episodes 5/08: 3 episodes</p> <p>Individual #1's IPP did not contain a program to address bingeing on food and purging. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 did not have a program related to the behavior.</p> <p>b. Individual #1's WIC for Depakote (an anticonvulsant drug), dated 5/17/07, and his WIC for Lithium (a central nervous system drug), dated 5/17/07, stated the drugs were for psychotic like behavior which presented as hearing voices, responding to inner stimuli, pressured speech, rocking, obsessive thought patterns, and unusual talk and behavior.</p> <p>Individual #1's IPP did not contain a program to address the above noted psychotic like behaviors. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 did not have a program related to the behaviors.</p>	W 234			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 234	Continued From page 13  c. Individual #1's WIC for Risperdal (an antipsychotic drug), dated 7/2/07, and his WIC for Lorazepam (an anti-anxiety drug), dated 5/17/07, stated the drugs were for psychotic like behavior which presented as talking to self, pacing, rocking, and paranoid delusions involving other people hurting him or him hurting or threatening others.  Individual #1's IPP did not contain a program to address the above noted psychotic like behaviors. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 did not have a program related to the behaviors.  d. Individual #1's WIC for Seroquel (an antipsychotic drug), dated 5/15/07, stated the drug was for his agitation which presented as hitting, yelling, aggression towards others, and his refusals to participate in activities of daily living.  Individual #1's IPP contained a program to address yelling. When asked about programs to address hitting, aggression towards others, and his refusals to participate in activities of daily living, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 did not have programs related to the behaviors.  The facility failed to ensure training programs were developed for Individual #1 and Individual #4.	W 234			
W 242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN  The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training,	W 242			

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W 242	<p>Continued From page 14</p> <p>personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure individuals received training in personal skills essential for independence for 1 of 3 individuals (Individual #1) whose IPP and training objectives were reviewed. This resulted in an individual not having a training program designed to meet his toileting needs. The findings include:</p> <p>1. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.</p> <p>Individual #1's QMRP Review Notes, dated 9/07 - 5/08, documented the following monthly rates of incontinence:</p> <p>9/07: 2 episodes 10/07: 1 episode 11/07: 0 episodes 12/07: 9 episodes 1/08: 8 episodes 2/08: 2 episodes 3/08: 12 episodes 4/08: 11 episodes 5/08: 12 episodes</p> <p>When asked, the LPN stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1's incontinence was not medically related. When</p>	W 242	<p>W242: Individual #1's programming will be assessed to include (where needed) programming that will address night enuresis.</p> <p>A detailed file review will be completed to determine if other clients are displaying any needs in personal skills essential for privacy and independence and corresponding programmatic application.</p> <p>At least quarterly, if not more frequently, Qualified Mental Retardation Professional, Nursing, and Quality Assurance Manager will assess each client's record, to determine if there is appropriate programming in place to address personal skills as identified as needed.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities.</p> <p>Date of correction: 9/5/08</p>		



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W 242	Continued From page 15 asked, the QAM, who was present during the interview, stated Individual #1 did not have a training program to address his toileting needs.  The facility failed to ensure a program was developed to address Individual #1's toileting needs.	W 242	W242: Individual #1's programming will be assessed to include (where needed) programming that will address night enuresis. A detailed file review will be completed to determine if other clients are displaying any needs in personal skills essential for privacy and independence and corresponding programmatic application.		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure individuals received needed interventions and services identified in their IPPs for 1 of 1 individuals (Individual #2) who used body positioning support. This resulted in a lack of consistent implementation of an individual's support pillows and the potential for skin breakdown. The findings include:  1. Individual #2's IPP, dated 5/1/08, stated he was a 64 year old male with diagnoses that included mild mental retardation and cerebral palsy. He used a sculpted wheelchair which was designed to meet his physical deformities.  Individual #2's IPP stated positioning pillows were used to "assist him in comfort and skin integrity."	W 249	At least quarterly, if not more frequently, Qualified Mental Retardation Professional, Nursing, and Quality Assurance Manager will assess each client's record, to determine if there is appropriate programming in place to address personal skills as identified as needed. Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities. Date of correction: 9/5/08		

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W 249	Continued From page 16 His record included a "Support Pillows" protocol, dated 2/20/08, which stated Individual #2 required the use of pillows for body positioning and comfort. The protocol stated when Individual #2 was in bed, staff were to place a 17" x 13" pillow under Individual #2's left arm for comfort and a standard bed pillow was to be placed between his knees and legs to prevent skin breakdown.  On 6/23/08 from 3:30 to 4:12 p.m., Individual #2 was noted to be laying on his bed, on his right side. There was no pillow noted to be under his left arm and no pillow was noted to be between his knees and legs. When asked about the observation, the LPN stated on 6/25/08 at approximately 11:15 a.m., Individual #2's support pillows should have been used as stated in his Support Pillows protocol.	W 249			
W 256	The facility failed to ensure Individual #2's Support Pillows protocol was implemented. <b>483.440(f)(1)(ii) PROGRAM MONITORING &amp; CHANGE</b>  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure each individual's IPP was revised as appropriate for 1 of 3 individuals (Individual #3) whose IPPs and program summaries were reviewed. This resulted in a regression of an individual's skills without appropriate programmatic revisions being	W 256	<b>W249:</b> Follow up and staff training will be performed to apply the appropriate information, training, and instruction to ensure that current programming needs are systematically addressed by staff. Overall staff review and program demonstration assessments will be performed by Supervisory/Management staff to ensure that current active treatment programming goals are successfully implemented. Direction to all staff will be in written form as well as in verbal instruction, with followed whole facility direction as needed. Responsible: Random checks by Qualified Mental Retardation Professional, Quality Assurance Manager, Nursing, and other Managerial staff will ensure that established programming is being systematically employed to meet client need. Date of correction: 9/5/08		



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W 256	<p>Continued From page 17 made. The findings include:</p> <p>1. Individual #3's IPP, dated 7/17/07, documented a 58 year old male diagnosed with moderate mental retardation. Individual #3's QMRP Review Notes, dated 7/07 - 5/08, showed the following objectives with a lack of consistent progress and no revisions were completed.</p> <p>a. The objective to use a napkin to wipe food from his face independently was set at a 90% success rate for 3 consecutive months. His QMRP Review Notes, dated 10/07 - 5/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> <li>- 10/07: 94%</li> <li>- 11/07: 70%</li> <li>- 12/07: 97%</li> <li>- 1/08: 93%</li> <li>- 2/08: 81%</li> <li>- 3/08: 69%</li> <li>- 4/08: 72%</li> <li>- 5/08: 64%</li> </ul> <p>Individual #3 failed to show consistent or sustained progress since 12/07, and no revisions were made to address the issue.</p> <p>b. The objective to brush his gums after each meal independently was set at a 70% success rate for 6 consecutive months. His QMRP Review Notes, dated 7/07 - 5/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> <li>- 7/07: 80%</li> <li>- 8/07: 70%</li> <li>- 9/07: 35%</li> <li>- 10/07: 0%</li> <li>- 11/07: 26%</li> <li>- 12/07: 35%</li> <li>- 1/08: 52%</li> <li>- 2/08: 26%</li> </ul>	W 256	<p><b>W256:</b> Individual #1's Qualified Mental Retardation Professional Notes have been reviewed by the Qualified Mental Retardation Professional to determine corrective measures to; objectives, methods and/or staff instructions to maintain current skills or increase less established skills to ensure that client is making progress or maintaining over time.</p> <p>Monthly Qualified Mental Retardation Professional Notes review of each client's notes and progress to determine if there is a stagnation or regression of skills and make adjustments according to ensure progress.</p> <p>At least quarterly, if not more frequently, Qualified Mental Retardation Professional, Nursing, and Quality Assurance Manager will assess each client's record, to determine if there is appropriate programming in place to address personal skills as identified as needed.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities.</p> <p>Date of correction: 9/5/08</p>		

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>HILLCREST HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2115 HILLCREST DRIVE TWIN FALLS, ID 83301</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 256	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>- 3/08: 48%</li> <li>- 4/08: 60%</li> <li>- 5/08: 76%</li> </ul> <p>Individual #3 failed to show consistent or sustained progress since 7/07, and no revisions were made to address the issue.</p> <p>c. The objective to use a moist towelette to wipe with after a bowel movement, at both the facility and the retirement program, was set at an indirect verbal prompt at 80% for 6 consecutive months. His QMRP Review Notes, dated 8/07 - 5/08, showed the following status of the objective:</p> <p>At the facility:</p> <ul style="list-style-type: none"> <li>- 8/07: 33%</li> <li>- 9/07: 60%</li> <li>- 10/07: 71%</li> <li>- 11/07: 38%</li> <li>- 12/07: 100%</li> <li>- 1/08: 33%</li> <li>- 2/08: 71%</li> <li>- 3/08: 40%</li> <li>- 4/08: 0%</li> <li>- 5/08: 40%</li> </ul> <p>At the retirement program:</p> <ul style="list-style-type: none"> <li>- 8/07: NA</li> <li>- 9/07: 25%</li> <li>- 10/07: 50%</li> <li>- 11/07: 40%</li> <li>- 12/07: 20%</li> <li>- 1/08: 0%</li> <li>- 2/08: 0%</li> <li>- 3/08: NA</li> <li>- 4/08: 0%</li> <li>- 5/08: 0%</li> </ul> <p>Individual #3 failed to show consistent or</p>	W 256			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2008</b>
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W 256	<p>Continued From page 19</p> <p>sustained progress since 12/07 at the facility and 10/07 at the retirement program, and no revisions were made to address the issue.</p> <p>d. The objective to turn his clothing right side out was set at 90% for 3 consecutive months. His QMRP Review Notes, dated 8/07 - 5/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> <li>- 8/07: 75%</li> <li>- 9/07: 67%</li> <li>- 10/07: 13%</li> <li>- 11/07: 33%</li> <li>- 12/07: 100%</li> <li>- 1/08: 50%</li> <li>- 2/08: 0%</li> <li>- 3/08: 67%</li> <li>- 4/08: 0%</li> <li>- 5/08: 33%</li> </ul> <p>Individual #3 failed to show consistent or sustained progress since 12/07, and no revisions were made to address the issue.</p> <p>e. The objective to wait for an activity without being disruptive was set at 90% for 3 consecutive months. His QMRP Review Notes, dated 10/07 - 5/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> <li>- 10/07: 91%</li> <li>- 11/07: 76%</li> <li>- 12/07: 75%</li> <li>- 1/08: 88%</li> <li>- 2/08: 59%</li> <li>- 3/08: 40%</li> <li>- 4/08: 68%</li> <li>- 5/08: 63%</li> </ul> <p>Individual #3 failed to show consistent or sustained progress since 1/08, and no revisions were made to address the issue.</p> <p>f. The objective to work on a project</p>	W 256			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2008</b>
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W 256	Continued From page 20 independently was set at 95% for 3 consecutive months. His QMRP Review Notes, dated 8/07 - 5/08, showed the following status for the objective: - 8/07: 83% - 9/07: 13% - 10/07: 57% - 11/07: 84% - 12/07: 53% - 1/08: 47% - 2/08: 41% - 3/08: 38% - 4/08: 70% - 5/08: 31% Individual #3 failed to show consistent or sustained progress since 11/07, and no revisions were made to address the issue.  When asked, the QMRP stated during an interview on 6/25/08 from 10:00 - 11:15 a.m., the above noted objectives were not revised.  The facility failed to ensure objectives were revised when Individual #3 failed to make progress toward them.	W 256			
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only	W 262			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2008</b>
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W 262	<p>Continued From page 21</p> <p>with the approval of the human rights committee for 1 of 1 individuals (Individual #1) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approvals on restrictive interventions. The findings include:</p> <p>1. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.</p> <p>a. Individual #1's record included a cigarette restriction which showed approval from the facility's HRC expired on 11/10/07. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., the restriction was still in use and HRC approval for its continued use had not been obtained.</p> <p>b. Individual #1's record contained a program related to stealing items from other people. The data collection tracking form stated "This is a tracking of what [Individual #1] took, from who, what the amount owed is, the date he took the item, the date he worked it off, what work was done to repay it, and if it was repaid to that person."</p> <p>Individual #1's raw data for stealing items, dated 1/08 - 6/08, showed the following items he took from other people, the monetary amount he owed that person, and the work he performed to repay the person. Examples included, but were not limited to, the following:</p> <p>- 1/3/08: He took a soda, he owed 50 cents, and he shredded paper.</p>	W 262	<p><b>W262:</b></p> <p>Individual #1's programming will be assessed to determine if there is any restrictive measure that requires the Human Rights Committee approval and will obtain Guardian and the Human Rights Committee approval.</p> <p>A detailed review of each client's file will be done to determine if there is any restrictive programming in place that will require the Human Rights Committee approval and other review. At least quarterly, if not more frequently, Qualified Mental Retardation Professional, Nursing, and Quality Assurance Manager will assess each client's record, to determine if there is appropriate the Human Rights Committee approval in place prior to the implementation of restrictive programming.</p> <p>As each person's information is reviewed for annual assessment and Individual Program Plan development, the Written Informed Consent will be updated during the Pre-IPP meeting process. Qualified Mental Retardation Professional, Quality Assurance Manager and Nursing Services will review at the Pre-IPP meeting all Written Informed Consents for the individual to determine if there is adequate and accurate documentation for current treatment modalities, including the Human Rights Committee Approval.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager and Licensed Professional Nurse</p> <p>Date of correction: 9/5/08</p>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2008</b>
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W 262	Continued From page 22 - 1/11/08: He took a can of lemonade, the price was not documented, and he washed windows. - 2/5/08: He took a bag of chips, he owed 69 cents, and he shredded paper. - 3/11/08: He took pudding, he owed 25 cents, and the work he performed was not documented. - 3/27/08: He persuaded another individual to give him money, he owed 50 cents, and he shredded paper. - 6/6/08: He took a soda, he owed \$1.25, and the work he performed was not documented. - 6/22/08: He took a soda, he owed \$1.47, and he swept the back porch and emptied a bucket.  However, Individual #1's record did not contain evidence of HRC approval for the restrictive intervention. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., HRC approval had not been obtained.	W 262			
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the parent/guardian for 1 of 1 individuals (Individual #1) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through	W 263			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2008</b>
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W 263	Continued From page 23 prior approval of a restrictive intervention. The findings include:  1. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.  Individual #1's record included a cigarette restriction which showed approval from his guardian expired on 10/30/07. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., the restriction was still in use and guardian consent for its continued use had not been obtained.  The facility failed to ensure guardian consent was obtained prior to the use of restrictive interventions.	W 263	W263: Individual #1's file will contain appropriate consents signed by guardian after review of the consent. A review of files will be performed to ascertain if other clients currently have programming in place that requires guardian, the Human Rights Committee, and team approvals prior to implementation. As each person's information is reviewed for annual assessment and Individual Program Plan development, the Written Informed Consent will be updated during the Pre-IPP meeting process. At least quarterly, if not more frequently, Qualified Mental Retardation Professional, Quality Assurance Manager will assess each client's record, to determine if there is documentation included in each file that is approved by the Human Rights Committee, Guardian, and Treatment Team oversight. Qualified Mental Retardation Professional, Quality Assurance Manager, and Nursing Services will review at the Pre-IPP meeting all Written Informed Consents for the individual to determine if there is adequate and accurate documentation for current treatment modalities, including guardian consent. Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, and Nursing Services Date of correction: 9/5/08		
W 276	483.450(b)(1)(i) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  Policies and procedures that govern the management of inappropriate client behavior must specify all facility approved interventions to manage inappropriate client behavior.  This STANDARD is not met as evidenced by: Based on observation, review of facility policies and procedures, record review, and staff interviews it was determined the facility failed to ensure the policies and procedures specified all facility approved interventions to manage individuals' inappropriate behavior for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in interventions being used to manage inappropriate behavior without the	W 276			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

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W 276	<p>Continued From page 24</p> <p>necessary policies and procedures to address the interventions. The findings include:</p> <p>1. Observations were conducted in the facility on 6/23/08 from 3:30 - 4:15 p.m., 4:47 - 5:45 p.m., and 5:50 - 6:30 p.m. and on 6/24/08 from 6:40 - 8:15 a.m. During those times, Individual #1 was noted to have a one to one staff unless he was in his bedroom with the door closed.</p> <p>Individual #1's record included a "Behavioral Informed Consent" for one to one staffing, dated 6/26/07, which stated he was to have one to one staff during "waking hours." His record also included a "Behavioral Informed Consent" for a door alarm, dated 6/26/07, which stated the alarm was for monitoring Individual #1's whereabouts during the sleeping hours of the night.</p> <p>Additionally, Individual #1's record included a "Cigarette Protocol," dated 11/7/06 which stated "[Individual #1] will purchase one carton of cigarettes per month. Cigarettes will be locked in the office. [Individual #1] will receive one (1) cigarette every 1 and ½ hour [sic] beginning at 7 AM, or when he gets up, with his last cigarette at 11 PM. Prior to arriving at [the vocational program], [Individual #1] will receive a cigarette. He will then receive one (1) cigarette at break time 10:30 [sic], one (1) at lunch time 12:00 [sic], and one (1) at 2:30 [sic]. [Individual #1] will not receive cigarettes from clients, staff, strangers, or as a reinforcer."</p> <p>The facility's behavior policy titled "Behavioral Intervention and Facility Practices," dated 2/19/08, did not include the use of one to one staffing, door alarms, or restricting cigarettes.</p>	W 276	<p><b>W276:</b></p> <p><b>Facility Policy and Procedures that govern Inappropriate Client Behavior will be updated to include behaviors displayed by Individual #1: Door alarms, cigarettes, and one-on-one staffing. A detailed review of client files and corresponding Policy and Procedure (pertaining to Inappropriate Client Behavior) will be aligned to include all current behaviors and responses. Any time interventions to address the management of inappropriate client behavior is implemented and/or discussed for use, the Policy and procedures pertaining to Client Behaviors will be reviewed to ensure that it is consistent, and adjustments will be made accordingly. Qualified Mental Retardation Professional, Quality Assurance Manager, Management and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation for current treatment modalities. Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager Date of correction: 9/5/08</b></p>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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W 276	Continued From page 25 When asked on 6/25/08 at 12:35 p.m., the QAM stated the policy needed to be revised as it did not include the restrictive interventions.	W 276			
W 312	The facility failed to ensure all behavior interventions used in the facility were included in the behavior policy. 483.450(e)(2) DRUG USAGE  Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individual's IPP that were directed specifically towards the reduction of and eventual elimination of the behavior for which the drugs were used for 1 of 1 individuals (Individuals #1) whose behavior modifying drugs were reviewed. This resulted in an individual receiving behavior modifying drugs without appropriate plans that identified drug usage and how they may change in relation to progress or regression. The findings include:  1. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.  a. Individual #1's record showed he received	W 312			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2008</b>
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W 312	<p>Continued From page 26</p> <p>Prozac (an antidepressant drug) 30 mg a day for bingeing on food and purging behavior. His WIC for Prozac, dated 6/9/08, stated Prozac was for his "compulsive overeating and intentional throwing up afterward."</p> <p>Individual #1's record did not contain a plan related to the use of Prozac. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., there was no plan.</p> <p>b. Individual #1's Physician Orders, dated 4/8/08, stated he received Depakote ER (an anticonvulsant drug) 2000 mg a day for psychosis. His WIC for Depakote, dated 5/17/07, stated the drug was for psychotic like behavior which presented as hearing voices, responding to inner stimuli, pressured speech, rocking, obsessive thought patterns, and unusual talk and behavior.</p> <p>However, Individual #1's Medication Reduction Plan for Depakote, dated 6/11/07, stated the drug was for hearing voices, agitation, pacing, rocking, not sitting still, hyper-verbal conversations, non-reality based conversations, and delusions conversations with self and others.</p> <p>When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1's WIC was accurate and his Medication Reduction Plan needed to be revised.</p> <p>c. Individual #1's Physician Orders, dated 4/8/08, stated he received Lithium CR (a central nervous system drug) 450 mg each morning and evening and 150 mg at noon for psychosis.</p> <p>Individual #1's WIC for Lithium, dated 5/17/07 and</p>	W 312	<p>W312:</p> <p>Individual #1's Written Informed Consent, the Human Rights Committee approval, Program Objectives, and corresponding Medication Reduction Plans have will be aligned to address specific behavioral goals identified in his IPP and developed in accordance with established medical and behavioral need.</p> <p>A detailed review of client files will be completed to determine if there are inconsistent application of practice in development of Medication Reduction plans and corresponding documentation.</p> <p>At least quarterly, if not more frequently, Qualified Mental Retardation Professional and Quality Assurance Manager will assess each client's record, to determine if there is documentation included in each file that is consistent for the appropriate development of Medication Reduction Plans.</p> <p>Qualified Mental Retardation Professional, Quality Assurance Manager, Management and Nursing Services will meet at least monthly to determine if there is adequate, and accurate documentation, supervision for current Medication Reduction Plans.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, Management and Nursing Services</p> <p>Date of correction: 9/5/08</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 312	<p>Continued From page 27</p> <p>8/16/07, stated the drug was for psychotic like behavior which presented as responding to inner stimuli, pressured speech, rocking, obsessive thought patterns, unusual talk and behavior, and auditory hallucinations.</p> <p>However, Individual #1's Medication Reduction Plan for Lithium, dated 6/11/07, stated the drug was for hearing voices, agitation, pacing, rocking, not sitting still, hyper-verbal conversations, non-reality based conversations, and delusions conversations with self and others.</p> <p>When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1's WIC was accurate and his Medication Reduction Plan needed to be revised.</p> <p>d. Individual #1's Physician Orders, dated 4/8/08, stated he received Risperdal (an antipsychotic drug) 3 mg twice a day for psychosis.</p> <p>Individual #1's WIC for Risperdal, dated 7/2/07, stated the drug was for psychotic like behavior which presented as talking to self, pacing, rocking, and paranoid delusions involving other people hurting him or him hurting or threatening others.</p> <p>Individual #1's record did not contain a plan related to the use of Risperdal. When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., there was no plan.</p> <p>e. Individual #1's Physician Orders, dated 4/8/08, stated he received Seroquel (an antipsychotic drug) 300 mg each morning and evening and 200 mg at noon for psychosis.</p>	W 312			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLCREST HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2115 HILLCREST DRIVE TWIN FALLS, ID 83301</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 312	<p>Continued From page 28</p> <p>Individual #1's WIC for Seroquel, dated 5/15/07, stated the drug was for his agitation which presented as hitting, yelling, aggression towards others, and his refusals to participate in activities of daily living.</p> <p>However, Individual #1's Medication Reduction Plan for Seroquel, dated 6/11/07, stated the drug was for hearing voices, agitation, pacing, rocking, not sitting still, hyper-verbal conversations, non-reality based conversations, and delusions conversations with self and others.</p> <p>When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1's WIC was accurate and his Medication Reduction Plan needed to be revised.</p> <p>f. Individual #1's Physician Orders, dated 4/8/08, stated he received Lorazepam (an anti-anxiety drug) 1 mg PRN for agitation.</p> <p>Individual #1's WIC for Lorazepam, dated 5/17/07, stated the drug was for psychotic like behavior which presented as talking to self, pacing, rocking, and paranoid delusions involving other people hurting him or him hurting or threatening others.</p> <p>However, Individual #1's Medication Reduction Plan for Lorazepam, dated 6/11/07, stated the drug was for severe agitation with aggressive thoughts, actions, or discussion of actions.</p> <p>When asked, the QAM stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1's WIC was accurate and his Medication Reduction Plan needed to be revised.</p>	W 312			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 312	Continued From page 29  g. Individual #1's Medication Reduction Plan, dated 6/11/07, listed the following drugs: Neurontin, Lexapro, and Haldol. However, his Physician Orders, dated 1/3/08 and 4/8/08, did not include those drugs.  When asked, the LPN stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Neurontin was discontinued 1/25/07, Lexapro was discontinued 7/2/07, and Haldol was discontinued 9/10/08. When asked, the QAM, who was present during the interview, Individual #1's Medication Reduction Plan was in process of being revised.  The facility failed to ensure Individual #1's Medication Reduction Plan was adequately developed.	W 312			
W 322	483.460(a)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure general care was provided to 1 of 3 individuals (Individual #1) whose medical records were reviewed. This failure resulted in an individual continuing to receive seizure medication without a neurological examination. The findings include:  1. Individual #1's IPP, dated 6/11/07, documented a 35 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, traumatic brain injury, and a seizure disorder by history.	W 322	W322: Individual #1 will have a neurologic exam to determine if there is currently a need for the use of an anti-seizure medication for the control of seizures. A detailed review of current doctors/medication orders and current medications will be done to determine if there is currently a medication in place that is dual purposed (Behavior or Medical) and will be aligned to specified diagnosis as appropriate. AT least quarterly, if not needed sooner, each medical file will be reviewed to determine if there is a medication or procedure that is dual purposed (Behavior or Medical) and will be aligned to specific diagnosis as appropriate. Qualified Mental Retardation Professional, Quality Assurance Manager, Management, Physicians, Pharmacy and Nursing Services will dialog (or meet) at least quarterly to determine if there is adequate, and accurate documentation, to determine if there is a dual purposed medication and formulate a complete diagnosis representation to incorporate client need appropriately. Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, Management and Nursing Services Date of correction: 9/5/08		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
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W 322	Continued From page 30 Individual #1's Physician Orders, dated 4/8/08, showed he received Depakote ER (an anticonvulsant drug) 2000 mg each day for psychosis and seizure disorder.  However, Individual #1's record contained no evidence of a neurological examination being completed. When asked, the LPN stated during an interview on 6/26/08 from 8:55 - 10:00 a.m., Individual #1 had not been to a neurologist and he had not had a seizure while she (the LPN) had been employed by the facility (no less than 3 years).	W 322			
W 460	The facility failed to ensure a neurological examination was completed for Individual #1. <b>483.480(a)(1) FOOD AND NUTRITION SERVICES</b>  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure individuals received specially-prescribed diets for 1 of 3 individuals (Individual #3) whose nutritional records were reviewed. This resulted in an individual not receiving a specially prescribed diet as ordered by his physician. The findings include:  1. Individual #3's IPP, dated 7/17/07, documented a 58 year old male diagnosed with moderate mental retardation. His Physician Orders, dated 3/26/08 and 6/26/08, stated Individual #3 was to receive a low fat, low cholesterol diet.	W 460			



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 460	<p>Continued From page 31</p> <p>During a morning observation on 6/24/08 from 6:40 - 8:10 a.m., Individual #3 was observed to eat breakfast which consisted of a scrambled egg, 2 pancakes, 1/2 cup frozen strawberries, and drink 10 ounces of skim milk and a cup of decaffeinated coffee.</p> <p>During the above noted observation, Individual #3's menu was noted to be posted on the refrigerator. The menu stated Individual #3 was to receive a "Cardiac" diet and egg substitute was to be used in place of regular eggs. The LW, who was present during the observation, stated the cook who purchased the food items was on vacation and the facility was out of egg substitute.</p> <p>The facility failed to ensure Individual #3's "Cardiac" low cholesterol diet was followed.</p>	W 460	<p><b>W460:</b> Individual #3's Menu Instructions are to be re-trained to staff regarding appropriate substitutions (when appropriate). Random direct observation and file review will be done to determine what if any inconsistent applications of prescribed diet/menu items are not followed. Random and direct observation by Nursing, Qualified Mental Retardation Professional, Quality Assurance Manager, and Facility Managers to note any variations on prescribed diets/menus, and corresponding corrective actions. Qualified Mental Retardation Professional, Quality Assurance Manager, Nursing, Dietary staff, and Facility Managers will dialog (or meet) at least quarterly to determine if there is adequate oversight to the facility to ensure that the prescribed diets are being followed as ordered, and make corrections, staff training available to correct inconsistency. Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager, Management and Nursing Services Date of correction: 9/5/08</p>		

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MM160	16.03.11.075.01 Full Disclosure  Full Disclosure. Each resident admitted to the facility must be fully informed, as evidenced by the written acknowledgement prior to, or at the time of admission, and during his residency of his rights and of all rules governing patient conduct and responsibilities. This Rule is not met as evidenced by: Refer to W124.	MM160	MM160 -- see response to W124		
MM167	16.03.11.075.07 Exercise of Rights  Exercise of Rights. Each resident admitted to the facility must be encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end can voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal.  This Rule is not met as evidenced by: Refer to W125.	MM167	MM167 -- see response to W125		
MM188	16.03.11.075.09 (b) Mechanical Supports  Mechanical supports used in normative situations to achieve proper body position and balance are not considered to be restraints, but must be designed and applied: This Rule is not met as evidenced by: Refer to W249.	MM188	MM188 -- see response for W249		
MM194	16.03.11.075.10(a) Approval of Human Rights Committee	MM194			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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6899

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If continuation sheet 1 of 6

PRINTED: 07/03/2008  
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MM194	Continued From page 1  Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194	MM194 -- see response for W262		
MM196	16.03.11.075.10(c) Consent of Parent or Guardian  Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196	MM196 -- see response W263		
MM197	16.03.11.075.10(d) Written Plans  Is described in written plans that are kept on file in the facility; and  This Rule is not met as evidenced by: Refer to W312.	MM197	MM197 - see response for W312		
MM212	16.03.11.075.17(a) Maximize Developmental Potential  The treatment, services, and habilitation for each resident must be designed to maximize the developmental potential of the resident and must be provided in the setting that is least restrictive of the resident's personal liberties; and This Rule is not met as evidenced by: Refer to W242.	MM212	MM212 - response for W242		
MM380	16.03.11.120.03(a) Building and Equipment  The building and all equipment must be in good	MM380			

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8889

M80P11

If continuation sheet 2 of 6



PRINTED: 07/03/2008  
FORM APPROVED

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MM380	<p>Continued From page 2</p> <p>repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. The findings include:</p> <p>During an environmental review on 6/25/08 from 8:35 - 9:25 a.m., the following concerns were noted:</p> <p>Kitchen:</p> <ul style="list-style-type: none"> <li>- The kick plate on the refrigerator contained a build-up of food debris.</li> <li>- The oven contained burned-on food.</li> </ul> <p>Dining Room:</p> <ul style="list-style-type: none"> <li>- The upholstery on 7 dining room chairs was torn with exposed foam.</li> </ul> <p>Living Room:</p> <ul style="list-style-type: none"> <li>- The back of the tan loveseat contained 7 dime-sized holes. Present staff stated they were caused by the metal springs inside the loveseat.</li> </ul> <p>Individual #4's Bedroom:</p> <ul style="list-style-type: none"> <li>- There was a strong urine odor in the room.</li> </ul> <p>Hall Bath:</p> <ul style="list-style-type: none"> <li>- There was a golf ball sized hole in the wall near the toilet.</li> <li>- The toilet brush and its holder contained brown</li> </ul>	MM380	<p><b>MM380</b> All repairs and maintenance have been done. All items listed on this tag were remedied as of 8/11/08. Facility Manager will add these items to the building inspection. Administrator and Quality Assurance will do random building inspections to ensure compliance.</p>	

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6899

M80P11

If continuation sheet 3 of 6

PRINTED: 07/03/2008  
FORM APPROVED

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MM380	Continued From page 3  matter.  Back Bathroom: - The shower curtain contained a 1 foot by 4 inch strip of black mildew.  Medication Room: - The carpet contained soiled areas, specifically in front of the door, in front of the medication cart, and in front of the bathroom door.	MM380			
MM520	16.03.11.200.03(a) Establishing and Implementing policies  The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W276.	MM520	MM520 - response for W276		
MM534	16.03.11.210 Resident Record Requirements  A record must be maintained for each resident of the facility. This Rule is not met as evidenced by: Refer to W111.	MM534	MM534 - response for W111		
MM668	16.03.11.250.06(c) Therapeutic Diet Plan  Therapeutic diets must be planned in accordance with the physician's order. To the extent that it is medically possible, it must be planned from the regular menu and must meet the resident's daily need for nutrients.	MM668	MM668 - response for W460		

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STATE FORM

5899

M80P11

If continuation sheet 4 of 6

PRINTED: 07/03/2008  
FORM APPROVED

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MM668	Continued From page 4  This Rule is not met as evidenced by: Refer to W460.	MM668			
MM724	16.03.11.270.01(a) Assessments  As a basis for individual program planning and program implementation, assessments must be provided at entry and at least annually thereafter by an interdisciplinary team composed of members drawn from or representing such professions, disciplines or services areas as are relevant to each particular case. This Rule is not met as evidenced by: Refer to W225.	MM724	MM724 - response for W225		
MM729	16.03.11.270.01(d) Treatment Plan Objectives  The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227.	MM729	MM729 - response for W227		
MM735	16.03.11.270.02 Health Services  The facility must provide a mechanism which assures that each resident's health problems are brought to the attention of a licensed nurse or physician and that evaluation and follow-up occurs relative to these problems. In addition, services which assure that prescribed and planned health services, medications and diets are made available to each resident as ordered must be provided as follows: This Rule is not met as evidenced by: Refer to W322.	MM735	MM735 - response for W322		

Bureau of Facility Standards  
STATE FORM

6869

M80P11

If continuation sheet 5 of 6



PRINTED: 07/03/2008  
FORM APPROVED

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MM855	Continued From page 5	MM855			
MM855	16.03.11.270.08(c) Training and Habilitation Record  There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident. This Rule is not met as evidenced by: Refer to W234.	MM855	MM855 - response for W234		
MM861	16.03.11.270.08(f)(iii) Periodic Review  Initiating periodic review of each individual plan of care for necessary modifications or adjustments.  This Rule is not met as evidenced by: Refer to W256.	MM861	MM861 - response for W256		

Bureau of Facility Standards  
STATE FORM

6889

M80P11

If continuation sheet 6 of 6